

# AHC MEDICAL SUMMARY

**Apollo**  
HOSPITALS  
INDORE

DEPARTMENT OF HAEMATOLOGY

Name : Mrs. SAROJ PALIWAL  
 UHID : MPI1 0000098997 / MPIAHC24657  
 SIN ILRN : 11435244 \ 636858  
 Specimen : Whole Blood ( EDTA )  
 Ref Doctor : SELF REFERRAL

Age : 75Yr 1Mth 10Days  
 Gender : Female  
 W/BNo/RefNo : AHC



Collected on : 16-JUN-2022 09:34:59 AM  
 Received on : 16-JUN-2022 09:43:32 AM  
 Reported on : 16-JUN-2022 12:35:00 PM

**Apollo ProHealth Whole Body Program**

TEST NAME	RESULT	BIOLOGICAL REFERENCE INTERVALS	UNITS
HEMOGRAM			
Hemoglobin(Optical/Impedance)	9.7 *	11.5-15.5	g/dl
RBC COUNT(Optical/Impedance)	4.3	3.7-5.6	Million/ul
HAEMATOCRIT(PCV)	32.4 *	38-47	%
MCV(Optical/Impedance)	75.7	75-95	fl
MCH(Calculated)	22.7 *	26-32	pg
MCHC(Calculated)	29.9 *	31.0-36.0	g/dl
RDW(Calculated)	16.8 *	11.5-14.5	%
TOTAL WBC COUNT	6000	4400-11000	/cu mm
Neutrophils	65.6	40-75	%
Lymphocytes	28.1	20-45	%
Monocytes	4	1-10	%
Eosinophils	2	1-6	%
Basophils	0.3	0-1	%
PLATELET COUNT	2.69	1-5-4.5	lacs/cumm
Peripheral Smear			

- If the result (s) of the test (s) alarming or unexpected, the patient is advised to contact the laboratory immediately for possible remedial advice.
- Kindly correlate results with clinical findings, in case of disparity, kindly contact the laboratory.
- Results pertain to the specimen submitted to the laboratory.
- Laboratory investigation only help in arriving at a diagnosis and should be clinically correlated.
- The report is not valid for medico legal purpose.

**APOLLO PREVENTIVE HEALTH SCREENING**  
**Apollo Rajshree Hospitals Pvt. Ltd.**



DEPARTMENT OF HAEMATOLOGY

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Comments : RBC - MICROCYTIC HYPOCHROMIC CELLS SHOWING ANISOCYTOSIS.  
 NO SIGNIFICANT INCREASE IN POLYCHROMASIA.  
 RETICULOCYTE COUNT 1.8 %.  
 ESR- 24 mm IN 1 HR. (ESR BY WINTROBE METHOD)  
 WBC-NO IMMATURE CELL SEEN.  
 PLATELET : ADEQUATE.  
 IMPRESSION - RBC - MICROCYTIC HYPOCHROMIC ANEMIA  
 ? IRON DEFICIENCY.

Report Status:Final  
 KINDLY CORRELATE RESULTS WITH CLINICAL FINDINGS.

\* END OF REPORT \*

CHECKED BY : 145461  
 145461

DR SHILPI CHOUDHARY  
 MD PATHOLOGIST

Printed On : 16-JUN-2022 01:36:42 PM

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**Apollo Hospital**  
**Scheme No.74-C Sector - D Vijay Nagar**  
**INDORE (M.P)**

**Department of Gastroenterology**

Patient ID: 2022060067  
Name: Mrs. Saroj Paliwal  
Age: 75 Y  
Sex: F

Ref By: Dr. VIVEK PRATAP SINGH DIXIT DM  
Study: UGI  
Date: 17-Jun-2022

Examined By: Dr. Vivek Pratap Singh Dixit MD

**GASTRO-DUODENOSCOPY REPORT**

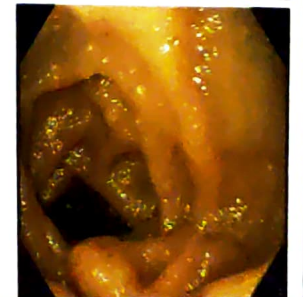
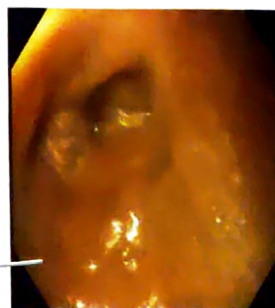
**Findings**

Cricopharynx is normal  
Esophagus shows LA grade D esophagitis  
Two loops seen at lower end of esophagus  
One loop is blind  
Other jejunal loop is patent and appears normal

**Conclusions**

**POST TOTAL GASTRECTOMY STATUS, PERIOPERATIVE  
CHEMOTHERAPY X 10 CYCLES FOR CARCINOMA STOMACH**

**LA GRADE D ESOPHAGITIS**



Dr. Ashmeet Choudhary  
MD.DM (AIIMS)

*Vivek*

Dr. Vivek Pratap Singh Dixit  
MD.DM (GASTRO)



# Tata Memorial Centre Tata Memorial Hospital

**CASE NO.**

**CP/41717**

**SAROJ UMESH PALIWAL**

Reg. Dt. : 13/12/2017

F/70/B

ID. Mark : MOLE ON RT SHOULDER

**DMG : DMG GASTROINST.(A)**

**Email :** dmggas@tmc.gov.in



CP/41717

DUP  
26/12/19



**TATA MEMORIAL CENTRE  
TATA MEMORIAL HOSPITAL  
REGISTRATION DETAILS**

Date: 13/12/2017 Category: B PRIVATE Case No. **CPI/41717**

Patient Name: Mrs. SAROJ UMESH PALIWAL  
Permanent Home Address: SANGAKHEDA KHURD, HOSHANGABAD HOSHANGABAD, MADHYA PRADESH, INDIA  
Pin Code: 461668  
Mobile: 09479381858

*J101  
29/12/2017*

Address for Correspondence: SANGAKHEDA KHURD, HOSHANGABAD HOSHANGABAD, MADHYA PRADESH, INDIA  
Pin Code: 461668  
Mobile: 9425624521

*J003  
27-12-19*

Referrer's Name: MADHVENDRA PALIWAL  
Relationship: OTHER  
Referrer's Address: SANGAKHEDA KHURD, HOSHANGABAD HOSHANGABAD, MADHYA PRADESH, INDIA  
Mobile: 9425624521  
Pin Code: 461668

Dominee's Name: MADHVENDRA PALIWAL  
Date of Birth: 17/08/1947  
Age At Registration: 70 yrs 3  
Sex: Female  
Occupation: HOUSE WIFE  
Marital Status: MARRIED  
Nationality: INDIAN  
Family Income Rs.: 10,000  
Aadhar card no.: 709740212954  
Resident of Mumbai (More Than One Year): No  
Identification mark: MOLE ON RT SHOULDER

Travel Concession:  
Railway: From MUMBAI To HOSHANGABAD  
Air: From MUMBAI To BHOPAL

Referred By: CRO  
DMG Unit: DMG GASTROINST.(A)  
Referred For: EVALUATION  
Address: TMH

I am aware that free SMS alerts will be sent to me concerning my evaluation and treatment etc.  
 I wish not to subscribe to this facility.  
13/12/2017 11:32:37AM 10.8.1.54

# DIAGNOSTIC INVESTIGATIONS

### Imaging

- X-ray .....
- Mammography     Left    Right
- Ultrasound .....
- CT Scan ..... CECT TAP
- MRI .....
- PET-CT Scan .....
- SPECT-CT Scan .....
- USG / CT Guided FNAC .....
- USG / CT Guided Biopsy .....
- Outside Films / CD for Review .....

### Pathology, Cytology & Molecular Pathology

- Cytology .....
- Biopsy / FNAC .....
- Outside Material for Review    Slides  
    Block
- Molecular Pathology .....

### Microbiology

- Urine Routine     Stool Routine
- |   |  |
|---|--|
| <ul style="list-style-type: none"> <li><input type="checkbox"/> Serology</li> <li><input type="checkbox"/> Hepatitis C</li> <li><input type="checkbox"/> HIV</li> <li><input type="checkbox"/> Hepatitis B</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Routine Microbiology</li> <li><input type="checkbox"/> Culture</li> <li><input type="checkbox"/> Sensitivity</li> <li><input type="checkbox"/> Outside sample .....</li> </ul> |
|---|--|

### Biochemistry & Tumour Markers

- Routine Biochemistry (includes FBS, RFT, LFT)
- Sugar Profile .....
- Glycosylated Haemoglobin    Glucose Tolerance Test
- Lipid Profile    LFT    RFT    Electrolytes
- Blood Gases .....
- Other Biochemical Tests .....
- Tumour Markers ..... CEA (A9-G)
- Drug Levels Estimation .....

### Transfusion Medicine

- Blood grouping

### Haemato Pathology

- Complete Haemogram
- Hb, RBC, WBC
- Differential Count
- Platelets
- ESR
- RBC Indices
- Reticulocytes
- Surface Markers
- Coagulation Profile

### Bone Marrow Aspiration

- Morphology
- Cytochemistry
- Surface Markers

### Body Fluid

- Morphology
- Cytochemistry
- Surface Markers

### Peripheral Smear

- Morphology
- Malarial Parasites

### Cytogenetics

### Scopies

### Any Other Investigations

### Cardiac & Respiratory

- ECG    Echocardiography    PFT    Stress Test

105 mb

metformin

Stage II / Stage III



chemo  
2mo



2x →

→  
~~2x~~

OT-23

# TATA MEMORIAL HOSPITAL

DEPT. OF ANAESTHESIOLOGY  
CRITICAL CARE UNIT / POST-OP ICU  
ANAESTHESIA RECORD

STARVATION CONFIRMED  
VM:NR  
BLO GRP: B POS  
BDM NO: 37359/17

DATE // 04.2018

Name: MRS SAROJ Case No. CP 41717  
 Age: 70 Sex: F Unit: GI-A Ward: FW/32 WT: 48  
 Pre-operative Significant Findings: ASA Grade II Ht = 161 cm.

Pulse 45/min Hb% 11.1/333/9.29/4.74 Radiation IHD  
 B.P. 134/81 mm Hg CXR Hypertension: 25 yrs on Telma +  
 Lungs AEBE, clear ECG ✓ Chemotherapy 4# Doce + oxali + 5FU Diabetes: 25y  
 C.V.S. S, S2+ Blood Chem Na=129 Cl=0.96 LA-28/2/12 Asthma  
 Malampatti I 2-D Echo K=4.0 ST/LS=27/13 Other drug therapy Jaundice  
EF=55% Alb=3.6 NR=0.92 Hypersensitivity

Operation: Laparotomy CONCENTRIC LVH  
Thoracotomy  
Head & Neck Surgery  
 Others

Ca stomach  
St - Total Gastrectomy.

↓ AAPP: 16 G epidural catheter inserted in T8-T9  
WOR @ 5 cm, fixed @ 10 cm. Test dose given

Anaesthesia GA / Subarachnoid Epidural / CSE / Local with Sedation

Main Anaesthetic Technique & Agents:

Induction Preoxygenation +  
Inj fentanyl 100ug  
+ Inj Propofol 60mg  
 Intubation + Inj Vec 6 mg  
 Maintenance & PL Scopy, C-I,  
PC ETT No 7.0, OT, 20 cm  
AEBE.

Relaxants

1. Vecuronium 6+1+1
2. Pancronium +1+1+1
3. Atracurium +1+1+1
4. Scoline +1+1=16 mg

Inhalation

1. Halothane
2. Isoflurane
3. Sevoflurane

Analgesic / Sedative dosage

1. Pethidine
2. Morphine
3. Buprenorphine
- ✓ Fentanyl 100 + 30 = 130ug.
5. Diazepam
6. Midazolam

10 - O2 + N2O + Sevo + IPPV + circle system.

Reversal Inj Neo 2.5 mg +  
Inj Glyco 0.4 mg Time 7.55 pm

Premedication

Anaesthesia time: From 3.45 pm to 8.05 pm

Complications  
HGT = 81 4pm  
HGT @ 6pm - 137  
HGT @ 7.30 172  
pm

Treatment Inj cefuroxime 1.5 g i.v. @ 4 pm  
Inj ERKET 5 mg i.v. @ 7.15 pm  
Inj Rk 50 mg i.v. @ 7.20 pm  
Inj PCM 1 g i.v. @ 7.25 pm

Blood loss - 850 ml. U/O - 400 ml

Recovery ADEQUATE

Blood replaced  
IV Access = 20 G in RUL  
PICC in RUL in situ.

- Patient sent with
- a) Endotracheal tube
  - b) Tracheostomy tube
  - c) Oropharyngeal air way
  - d) Nasopharyngeal air way

- I.V. Fluids:
- 1) RL ① ② ③
  - 2) 4.1. Albumin - 500 ml
  - 3)
  - 4)
  - 5)
  - 6)

✓ Patient fully awake and obeys commands on O2 MASK  
 Patient sleepy but unobstructed airway  
 Pulse - 127/88/min B.P. 129/67 mmHg  
 Anaesthetist Dr Vandana A, Dr Sharique,  
Dr Shilpa A



Smai

NURSING NOTES  
(For Nurse's Use Only)

DATE / TIME

9/4/18

pt admitted to ERIA pt is conscious - c. hair

pt on (Rt) hemol.  
v/s are checked and recorded

10:00pm ECG done

10:00pm pc enema given

10:00pm pt received from E duty S/N pt is conscious & oriented. P.Icc. (+) on (Rt)

10/4/18

12 AM Enj Heparine 25000iu. sc. given  
5am v/s checked & recorded

6am T. Amlo 5mg & sips of water given

6am Bath took & hair wash & scrub bath

10/4/18

7:30 Am Received pt from 'N' duty S/N. Patient is conscious & oriented. Patient is having P.Icc (+) on (Rt) hand. G.c. fair

9:00am v/s checked & recorded.

2pm. pt received from 'M' duty S/N. pt is conscious & oriented. pt. having p.Icc (+) on (Rt) hand. G.c. fair

6pm v/s checked & recorded

10pm pt received from E duty S/N. pt conscious & oriented, pt. on flow. p.Icc (+) on (Rt) hand  
vitals checked & recorded. G.c. fair

11/4/18

6am v/s checked & recorded.

6am Scrub bath taken with head wash

6am Hct checked & recorded.

6am P. Amlo 5mg taken.

NURSING NOTES

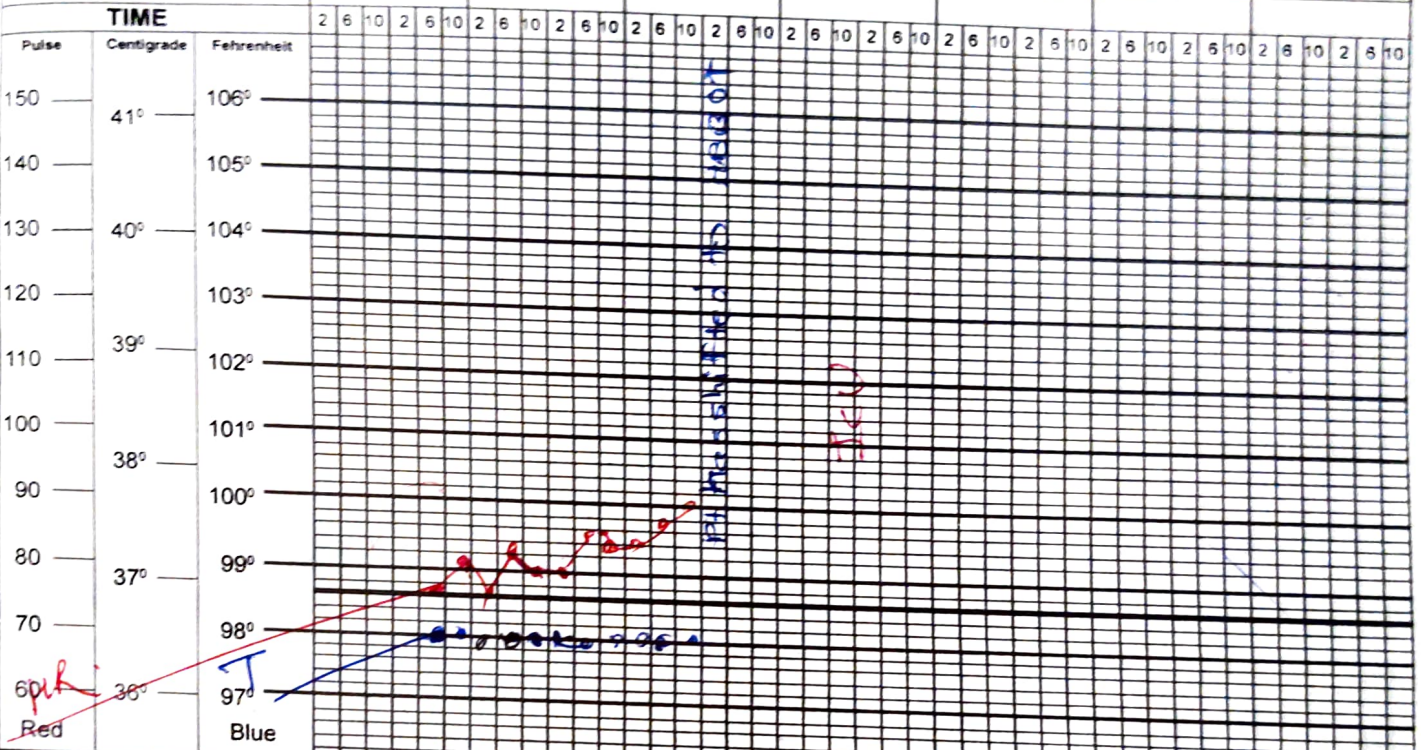
# TATA MEMORIAL HOSPITAL

## T.P.R. SHEET

NAME Soni

CASE CP 41717

DATE 9/4/11 10/4 11/4 12/4/11  
 DAY  
 PO DAY



Respiration 32 W 100 100  
 BP 100 70  
 Pain 5cm 6cm 6cm  
 Weight 2 0 1  
 Stool  
 Bath  
 RVD  
 ICD

SPECIAL PROCEDURE MEDICATION / BLOOD & BLOOD PRODUCTS																												
Total Intake																												
Total Output																												
Balance																												